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APPLICATION NUMBER

FILING/RECEIPTO

IRST NAMED APPLICANT

ATTORNEY DOCKET NO./TITLE

09/240,048

01/29/99

12/2

ATDITION

0232.

JOHN J OSKÓREP GRAY CARY WARE & FREIDENRICH 401 B STREET S SUITE 1700 SAN DIEGO CA 92101

DATE MAILED:

2761

02/18/99

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

to av	old abandonment.	to complete the basic filing fee and/or file a small entity statement claiming 27). including any multiple dependent claim fees, are required. independent claims over 3. dependent claims over 20. multiple dependent claim surcharge. submit the additional claim fees or cancel additional claims for which fees are due. n: acuted. newly submitted items. e application to which it applies. e city and state or foreign country of applicant's residence. in compliance with 37 CFR 1. 63, including residence information and identifying the application by Number and Filing Date is required.	
if all □ sn	required items on this form are fil nall entity (statement filed) 🗷 non-	ed within the period set above, the total amount owed by applicant as a	
□ 1.	The statutory basic filing fee is:		
~	☐ missing. ☐ insufficient.		
•	Applicant must submit \$	to complete the basic filing fee and/or file a small entity statement claiming	
•	such status (37 CFR 1.27).		
□ 2:	Additional claim fees of \$, including any multiple dependent claim tees, are required.	
•	\$for	independent claims over 3.	
	\$for	dependent claims over 20.	
	\$for multiple dependent claim surcharge. Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.		
⊠ 3	☐ is missing or unexecuted. ☐ does not cover the newly subr ☐ does not identify the application ☐ does not include the city and some above Application Number and	In to which it applies. Itate or foreign country of applicant's residence. Itate or foreign country of applicant's residence. Italian is selected in the se	
□ 4	4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.		
□ 5	• • •	inventor(s) is missing from the oath or declaration:	
*	"Anjoath or declaration in complian inventor(s), identifying this applica	ce with 37,CFR 1.63 listing the names of all inventors and signed by the omitted from the above Application Number and Filing Date, is required.	
□ 6	6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).		
□ 7	Your filing receipt was mailed in error because your check was returned without payment.		
□ 8	. The application does not comply w See attached "Notice to Comply wit	ith the Sequence Rules. h Sequence Rules 37 CFR 1.821-1.825."	
□ 9	OTHER:		
Dire	et the reply and any questions about	this notice to "Attention: Box Missing Parts."	

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART **1 - OR**FICE COPY

A copy of this notice <u>MUST</u> be returned with the reply.

FORMIPTO-1533 (REV.9-97)